

**STATE OF FLORIDA
BOARD OF MASSAGE THERAPY**

**MASSAGE ESTABLISHMENT CHANGE OF LOCATION/ NAME
APPLICATION WITH INSTRUCTIONS**



**Board of Massage Therapy
4052 Bald Cypress Way, #C-06
Tallahassee, FL 32399-3256
(850) 488-0595**

WWW.FLHEALTHSOURCE.COM

September 2012 Edition

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- Please retain the application instructions for your records. Do not send them to the Board Office with your application.
- Make a copy of everything you send to the Board Office including the application. You may need to reference it during the application process.
- Read all instructions thoroughly before completing the application. Most questions will be answered by reading the enclosed instructions, application, and supplemental documentation forms.
- Failure to send in required documents may result in the delay of your application processing.
- Mail the completed ORIGINAL application and cashier's check or money order to the department at the address noted in the instructions.

SECTION I: GENERAL INFORMATION / INSTRUCTIONS

APPLICATIONS SENT TO THE BOARD FOR REVIEW

Certain applicant's files may need to be reviewed by the Board before a determination of licensure can be made. An application may be reviewed for a variety of reasons, such as (but not limited to):

- Criminal Convictions
- Previous Discipline
- Previous appearance before a licensing board or regulatory agency
- Drug/alcohol addiction/impairment
- Discrepancies in application information/materials
- Participation in an impaired practitioner program
- Other reasons as deemed necessary by the Board

The scenarios listed above are not automatically referred to the Board. The Board, not office staff, determines the necessity of a review. An applicant's file may be sent to the Board for review. If so, you will be notified in writing of the date, time and place of the meeting.

Board meeting dates are posted on the Board's website located at <http://www.floridahealth.gov/licensing-and-regulation/massage-therapy/meetings/index.html>. The deadline for submission of items to the Board is five (5) weeks prior to the date of the meeting

It is very important that you understand the importance of these deadlines. Please refrain from making any commitments or accepting positions to practice massage therapy in Florida, as exceptions and/or special accommodations cannot be made.

APPLICATION FEES:

Make cashiers check or money order payable to the Department of Health

Location Change: **\$125.00** (\$125 application/ inspection fee)

Name Change: **\$25.00** (\$25.00 application fee)

Location and Name Change: **\$125.00** (\$125 application/ inspection fee)

GENERAL INFORMATION

The original application and any documents you wish to include with the application; accompanied by the applicable fee should be addressed to the following:

**Department of Health
Payment Management
P.O. BOX 6330
Tallahassee, FL 32314**

Use of the above address will ensure receipt of the application and fee(s).

Any additional documentation (not included with the application), sent either by the applicant or by any other source on your behalf, should be mailed to the following address:

**Board of Massage Therapy
4052 Bald Cypress Way, Bin #C-06
Tallahassee, FL 32399-3256**

⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ **ATTENTION** ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮ ⋮

If you are changing your location, you must pass an inspection by the Department of Health BEFORE you will be issued a license at the new location.

- Passing the inspection is NOT authorization for you to begin operation as a massage establishment at the new location.
- You are NOT authorized to operate your establishment at the new location until you have been issued a license with the new location listed.

The Board office cannot schedule inspections. You will be notified of the date your establishment has been flagged for an inspection by the Board office. The Department's inspector will contact you to schedule your inspection within approximately 5-7 days of the request by Board staff.

REQUIRED DOCUMENTATION

No application will be considered complete until the following supporting documentation has been received in the Board office:

- 1. Application and Licensure Fees** – The fees required for a change of location, change of name, or both can be found directly on the application form. These fees should be made payable to the Department of Health in the form of a cashier's check or money order and attached to the original application when submitted.
- 2. Proof of Insurance** – The owner(s) or corporation(s) are/is required to maintain property damage and bodily injury liability insurance coverage on the massage establishment.
 - Proof of insurance MUST list the exact business name, address and owner(s) of the establishment as listed on the application.
 - Only the licensed massage therapist who is the owner of the establishment may use insurance from a professional association to satisfy this requirement for establishment licensure.
 - For more information regarding types of insurance please contact a licensed insurance agent directly.
- 3. License Verification** - You must also request an official license verification(s) to be submitted to the Board directly from all State licensing boards in which you hold, or have held **any health related professional license**.

The official licensure verification must state the following:

- Current status
 - Method of licensure
 - Date of original licensure
 - Any discipline; if license has been disciplined you must submit a self-explanation, letters of recommendation as described below in the criminal history section, and request the licensing state send directly to the board office all official disciplinary documentation.
- 4. Criminal History Documentation** – If you answered yes to any of the criminal history questions on the application you will need to send in the following:
 - Self-explanation: A brief, legible explanation of the events and what you are doing to insure they do not occur again
 - Arrest Documentation: Must include the arrest date, arrest charge and court sentencing. This may be obtained from the clerk of court in the county the offense occurred.
 - Final Disposition: Including proof of successful completion of sentencing, if applicable. This may be obtained from the clerk of court in the county the offense occurred. You must submit this document for each offense.
 - Letters of Recommendation: 3-5 professional letters of recommendation, these letters should come from supervisors or teachers. Letters from family, friends or co-workers are not considered professional

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

SECTION I: APPLICATION CATEGORY

Please be advised that massage establishment ownership is non-transferable. If there has been a change in ownership, you must apply as an initial establishment and may not use this application.

SECTION II: BUSINESS PROFILE INFORMATION

Please write clearly and legibly. If any item in this section is not applicable, please put N/A.

SECTION III: OWNERSHIP INFORMATION

- **Type of Ownership** – Please check the box that appropriately describes the type of ownership for this establishment.
- **Name of Owner** – Please list the name(s) of the owner(s) for the proposed establishment. If this is a corporation, please list the corporate name.
- **Name of Authorized Corporate Representative** - Please provide the name of the individual authorized to make inquiries about or changes to this application or license (once issued).
- **Additional Phone Number** – Please provide an additional phone number so that we may contact an owner or the authorized corporate representative in the event the Board office or the inspector are unable to reach you at the establishment phone number listed.

SECTION IV: PREVIOUS LICENSURE AND DISCIPLINARY HISTORY

Please write clearly and legibly. If any item in this section is not applicable, please put N/A

SECTION V: CRIMINAL HISTORY

Please write clearly and legibly. If any item in this section is not applicable, please put N/A

SECTION VI: SIGNATURE OF APPLICANT

The application must be signed by the all owners or the authorized corporate representative of the establishment.

Regarding Prior Criminal History and Disciplinary Actions

The Florida Board of Massage Therapy receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

Question: How long will it take to process my application?

Answer: Our goal is to process non-problematic applications within 21 days of our office receiving the application. However, because you have a criminal history it may take a bit longer to review your application. We will mail a letter to you within 30 days of us receiving your application.

Question: What crimes or license discipline must be reported on the application?

Answer: All convictions, adjudication withholds, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes all misdemeanors and felonies, "driving while intoxicated (DWI)" and "driving under the influence "(DUI)." Crimes must be reported even if they are a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

Question: Can a person obtain a license if they have a misdemeanor or felony crime on their record?

Answer: Each application is evaluated on a case-by-case basis. The Board of Massage therapy considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: Do I have to report charges if I completed a period of probation and the charges were closed?

Answer: Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed?

Answer: No, if the charges were dismissed, nolle prossed, or dropped the offense does not have to be reported. Adjudication withheld is considered the same as a conviction for the purposes of licensure.

Applicants with previous arrest or disciplinary action on a license will not be authorized to practice massage therapy until all documentation is cleared by staff or reviewed by the Board.

APPLICATION FOR MASSAGE ESTABLISHMENT LICENSURE
APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

**DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF MASSAGE THERAPY**

Post Office Box 6330
Tallahassee, FL 32314
(850) 488-0595

www.FLHealthSource.com

FAILURE TO SUBMIT FEES (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL UNTIL IT IS COMPLETE.

SECTION I: APPLICATION CATEGORY (select only one)

- ☐ Change of Establishment Location Fee (\$125.00)
- ☐ Change of Establishment Name Fee (\$25.00)
- ☐ Change of Establishment Location **and** Name Fee (\$125.00)

SECTION II: BUSINESS PROFILE INFORMATION

BUSINESS NAME (D/B/A): _____
(As it should appear on the license)

CORPORATE NAME: _____
(If different than d/b/a/ name)

FEID # OR SOCIAL SECURITY #: _____

FLORIDA MASSAGE ESTABLISHMENT LICENSE NUMBER: _____

MAILING ADDRESS: _____ Suite/Apt. No. _____

City _____ State _____ Zip _____ Country _____

BUSINESS LOCATION: _____ Suite/Apt. No. _____

☐ Same as mailing address

City _____ State _____ Zip _____ Country _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

HOURS OF OPERATION: _____

Will Colonics be performed at this facility? ☐ Yes ☐ No

SECTION III: OWNERSHIP INFORMATION

Type of Ownership: ☐ Individual ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
(Check only one)

☐ Other: _____

Name of Owner: _____
(If corporation, list the corporate name)

If corporation, list all corporate officers: (attach additional sheets if necessary)

Officer Name:	Officer Title:	Telephone Number:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Authorized Corporate Representative: _____

Additional Phone Number: _____

SECTION IV: PREVIOUS LICENSURE AND DISCIPLINARY HISTORY

List all health related licenses you have ever held (**active, inactive or lapsed**). Submit a License Verification Form to all states where you have ever held licensure. (ATTACH ADDITIONAL SHEET, IF NECESSARY)

<u>State/Country</u>	<u>Profession</u>	<u>License No.</u>	<u>Date Of Licensure</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. ☐ Yes ☐ No Has any owner/officer ever been issued a cease and desist agreement or citation for the unlicensed practice of massage therapy or operating an establishment without a license?
2. ☐ Yes ☐ No Has any owner/officer of the proposed establishment ever had a license or certificate of registration to practice massage therapy or any other licensed profession or a massage establishment license revoked, suspended or otherwise acted against (including but not limited to probation, fine, reprimand, or surrender of a license) in a disciplinary proceeding or in response to an investigation in any state?
3. ☐ Yes ☐ No Has any owner/officer of the proposed establishment ever had a license or certificate of registration to practice massage therapy or any other licensed profession or a massage establishment license denied for any reason in any state?
4. ☐ Yes ☐ No Is there currently pending against any owner/officer of the proposed establishment a complaint or investigation in any state/jurisdiction for professional conduct or competence?
- 5.. ☐ Yes ☐ No Has any owner/officer of the proposed establishment ever been a defendant in a civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, sexual misconduct or fraud?

If you answered YES, you are required to send a letter in your own words describing in detail the circumstances surrounding any disciplinary history and request the licensing state send directly to the board office all official disciplinary documentation. **Your application will not be considered complete until these records are received.**

SECTION V: CRIMINAL HISTORY (Review Questions & Answers section in instructions)

1. ☐ Yes ☐ No Has any owner/officer ever been convicted of, or entered a plea of guilty, nolo contendere or no contest to, a crime in any jurisdiction (other than a minor traffic offense)? *You must include all felonies and misdemeanors, even if adjudication was withheld by the court so that you would not have a record of conviction. Please note- Driving under the influence is **NOT** considered a minor traffic offense.*

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked.

If you answer yes to any of the following questions, explain on a separate sheet of paper providing accurate details and submit copies of supporting documentation.

1. ☐ Yes ☐ No (a.) Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #2.)
- ☐ Yes ☐ No (b.) If "yes" to 1.a., has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant you successfully completed a drug court program for a felony offense that resulted in the plea being withdrawn or charges dismissed? (If "yes", please provide supporting documentation)
- ☐ Yes ☐ No (c.) If "yes" to 1.a., for felonies of the first or second degree, has it been more than 15 years before the date of application?
- ☐ Yes ☐ No (d.) If "yes" to 1.a., for felonies of the third degree, has it been more than 10 years before the date of application, except for felonies of the third degree under Section 893.13(6), Florida Statutes?
- ☐ Yes ☐ No (e.) If "yes" to 1.a., for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years before the date of application?
2. ☐ Yes ☐ No (a.) Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?
- ☐ Yes ☐ No (b.) If "yes" to 2.a., has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
3. ☐ Yes ☐ No (a.) Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3b.)
- ☐ Yes ☐ No (b.) If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated but reinstated, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with the Florida Medicaid Program for the most recent five years?

4. ☐ Yes ☐ No (a.) Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?
(If "No", do not answer 4b or 4c.)
- ☐ Yes ☐ No (b.) Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with a state Medicaid program for the most recent five years?
- ☐ Yes ☐ No (b.) Did the termination occur at least 20 years before the date of this application?
5. ☐ Yes ☐ No Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?
6. ☐ Yes ☐ No On or before July 1, 2009, was the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by the Board of Massage Therapy or Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)

If you answered YES, you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final disposition. You must submit documentation from the Clerk of Courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county Clerk of the Court.

SECTION VI: SIGNATURE OF APPLICANT(S)

I / We do certify that I am/we are the person(s) referred to on the application as the Owner(s) or Corporate representative, if business is incorporated, and that the statements contained herein are true and correct in every respect. I understand that it is my/our responsibility to operate this establishment in a safe and sanitary manner and to maintain insurance coverage as required by the Board's rules. I/we further certify that I/we have read Rule Chapter 64B7, F.A.C., and that this establishment meets the requirements of this rule chapter.

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

* Please attach additional sheets if additional space is needed for owner signatures.

FLORIDA BOARD OF MASSAGE THERAPY LICENSE VERIFICATION REQUEST

PART I: TO BE COMPLETED BY APPLICANT

Send to all state(s) of licensure (not Florida). Make Copies as necessary.

Applicant Name: _____ SSN: _____

Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Massage Therapy.

Applicant Signature: _____ Date: _____

PART II: All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official Board seal
- * Signature and title of state Board official

The following information must be included in all verifications:

- * Licensee name
- * License number
- * State or jurisdiction of licensure
- * Dates of issuance/expiration
- * Licensure method; exam type or endorsement
- * Licensure status
- * Is license in good standing?
- * Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

Complete Verifications must be mailed to or sent electronically directly from the official state licensure Board to:

**Florida Board of Massage Therapy
4052 Bald Cypress Way
Bin C06
Tallahassee, FL 32399-3256**

**Fax (850) 412-2681
MQA.MassageTherapy@flhealth.gov**

CRIMINAL HISTORY FORM

This form must be completed if you answer "yes" to any of the criminal history questions on the application. Please complete a separate form for EACH offense. Duplicate this form as necessary.

Name: _____

Social Security Number: _____

Level of Offense (Circle One): **Felony** **Misdemeanor**

Location of Occurrence: _____
City State

Date of Offense: _____ **Date of Sentencing:** _____

Offense Type (DUI, Battery, Prostitution, etc.): _____

Explanation/details surrounding the offense: What happened? What changes have you made? Attach additional sheets as necessary.

Sentencing Information: Please list the details of your sentencing (i.e.: probation, jail time, fines/costs, programs completed, etc.).

Current Disposition: Please list the current disposition of your sentencing.

Don't forget to attach documentation from the Clerk of Court pertaining to the arrest/charges, sentencing due to the arrest and proof of successful completion of your sentencing.